

APPLICATION NUMBER FILING/RECEIPT DATE FIRST NAMED APPLICANT ATTY. DOCKET NO./TITLE

EXPRESS MAIL MAILING LABEL NO. EL9539941130513

RECEIVED

DEC 05 2002

TECH CENTER 1600/2900

DATE MAILED:

COPY

NOTICE TO FILE MISSING PARTS OF APPLICATION (CPA)
Filing Date Granted

The Continued Prosecution Application (CPA) request filed on 4-23-02 is entitled to a filing date under 37 CFR 1.53(d)(1). The CPA request, however, lacks the filing fee(s) and/or items indicated below.

Applicant is given **TWO MONTHS FROM THE DATE OF THIS NOTICE** within which to file the fee(s), item(s), and any surcharge required below to avoid abandonment of this CPA. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

The total amount owed by applicant is the sum of items 1(a) or (b), 2, and 3 (if checked) below.

- ☒ 1. The statutory basic filing fee is:
☒ missing.
☐ insufficient.

(a) Applicant must submit \$_____ to complete the basic filing fee and the \$130.00 surcharge set forth in 37 CFR 1.16(e) (non-small entity), or \$_____ to complete the basic filing fee as a small entity and the \$65.00 surcharge set forth in 37 CFR 1.16(e) and file a small entity statement under 37 CFR 1.27 claiming such status (if the prior application was entitled to small entity status and such status is still proper and desired, a new small entity statement is not required (37 CFR 1.28)).

(b) Applicant must submit \$ 370.00 to complete the basic filing fee as a small entity and the \$65.00 surcharge set forth in 37 CFR 1.16(e).

- ☐ 2. Additional claim fees of
 \$_____ (non-small entity) or \$_____ (small entity) for _____ independent claims over 3.
 \$_____ (non-small entity) or \$_____ (small entity) for _____ claims over 20.
 \$_____ (non-small entity) or \$_____ (small entity) for multiple dependent claim surcharge.

Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.

- ☐ 3. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).
☐ 4. The CPA request is unsigned. Applicant must file a signed duplicate or ratification of the CPA request.
☐ 5. Other: _____

MAIL ROOM STAMPS 00000005 00315175
 01 JUL 2001 270.00 CP

A copy of this Notice MUST be returned with the reply.

Direct the reply and any questions about this Notice to:

Kern Downing

Examining Group 1642

(703) 30 6-4086

TRANSMITTAL
FORM

Application Serial Number	09/315,355
Filing Date	May 17, 1999
First Named Inventor	Keesee
Group Art Unit	1642
Examiner Name	Hunt, Jennifer
Attorney Docket No.	MTP-023DV2
Patent No.	Not applicable
Issue Date	Not applicable

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ENCLOSURES (check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Check in the amount of \$1,090.00 Attached
<input type="checkbox"/> Copy of Fee Transmittal Form

<input type="checkbox"/> Amendment/Response
<input type="checkbox"/> Preliminary
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]

<input checked="" type="checkbox"/> Petition for Extension of Time

<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Form PTO-1449
<input type="checkbox"/> Copies of IDS Citations

<input type="checkbox"/> Certified Copy of Priority Document(s)

<input type="checkbox"/> Sequence Listing submission
<input type="checkbox"/> Paper Copy/CD
<input type="checkbox"/> Computer Readable Copy
<input type="checkbox"/> Statement verifying identity of above | <input checked="" type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)

<input type="checkbox"/> Formal Drawing(s)

<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal

<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)

<input type="checkbox"/> Terminal Disclaimer

<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application

<input type="checkbox"/> Small Entity Statement

<input type="checkbox"/> CD(s) for large table or computer program

<input type="checkbox"/> Amendment After Allowance

<input type="checkbox"/> Request for Certificate of Correction
<input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences

<input type="checkbox"/> Appeal Brief (in triplicate)

<input type="checkbox"/> Status Inquiry

<input checked="" type="checkbox"/> Return Receipt Postcard

<input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8


<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8

<input type="checkbox"/> Additional Enclosure(s) (please identify below) |
|--|---|---|

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110
Tel. No.: (617) 248-7000
Fax No.: (617) 248-7100

SIGNATURE BLOCK

Respectfully submitted,

Duncan A. Greenhalgh
Attorney for Applicant(s)
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110

Date: November 22, 2002
Reg. No. 38,678
Tel. No.: (617) 248-7317
Fax No.: (617) 248-7100

FEE TRANSMITTAL FY 2003

Complete if Known

Application Serial Number	09/315,355
Filing Date	May 17, 1999
First Named Inventor	Keesee
Group Art Unit	1642
Examiner Name	Hunt, Jennifer
Attorney Docket No.	MTP-023DV2

METHOD OF PAYMENT

1. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other
2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.
☐ Required Fees (copy of this sheet enclosed).
☒ Additional fee required under 37 CFR 1.16 and 1.17.
☒ Overpayment Credit.
3. ☒ Applicant claims small entity status.

FEE CALCULATION

1. FILING FEE

Large Entity Fee (\$)	Fee Description	Fee Paid
740	Utility filing fee	740.00
330	Design filing fee	
160	Provisional filing fee	

	Number Filed	Number Extra	Rate	Amount
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Total Claims 15 - 20 = 0 x \$ 18.00 = 0.00

Independent Claims 3 - 3 = 0 x \$ 84.00 = 0.00

☐ Multiple Dependent Claim(s), if any \$280.00 =

TOTAL: 740.00

SMALL ENTITY DISCOUNT: 370.00

SUBTOTAL (1) (\$) 370.00

2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
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Total - = x \$ 18.00 =

Indep. - = x \$ 84.00 =

☐ First Presentation of Multiple Dep. + \$280.00 =

Claim

TOTAL: (\$0.00)

SMALL ENTITY DISCOUNT: (\$)

SUBTOTAL (2) (\$)0.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte reexamination	
110	55	Extension for reply within first month	
400	200	Extension for reply within second month	
920	460	Extension for reply within third month	
1440	720	Extension for reply within fourth month	720.00
1960	980	Extension for reply within fifth month	
320	160	Notice of Appeal	
320	160	Filing a brief in support of an appeal	
280	140	Request for oral hearing	
130	130	Petitions to the Commissioner	
180	180	Submission of Information Disclosure Statement	
740	370	Filing a submission after final rejection (37 CFR 1.129(a))	
740	370	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	

Other fee (Specify)

Other fee (Specify)

SUBTOTAL (3) (\$) 720.00

SUBTOTAL (1) 370.00

SUBTOTAL (2) 0.00

SUBTOTAL (3) 720.00

TOTAL (\$) 1,090.00

CORRESPONDENCE ADDRESS

Direct all correspondence to:

Patent Administrator
 Testa, Hurwitz & Thibault, LLP
 High Street Tower-125 High Street
 Boston, MA 02110
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 Fax No.: (617) 248-7100

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Respectfully submitted,

D.A. Greenhaugh
 Duncan A. Greenhaugh
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